

**BOARD OF REGISTERED NURSING**

P O Box 944210, Sacramento, CA 94244-2100

TDD (916) 322-1700

Telephone (916) 322-3350

www.rn.ca.gov

Ruth Ann Terry, MPH, RN

Executive Officer



APPLICATION FEE SCHEDULE for EXAMINATION (8-YEAR RETAKE)

Submit the correct **TOTAL FEE** with your application, made payable to the **Board of Registered Nursing** by check or money order (U.S. currency). **The fee IS NOT refundable since it is an earned fee** for evaluation of your application and processing of the fingerprint card. The portion of the fee for processing the fingerprint card or Live Scan process is subject to change without notice by the California Department of Justice.

PLEASE NOTE: There are **two (2) methods available** for completing the fingerprint requirement:
(1) Live Scan or (2) Fingerprint Card (Hard Card) process. The fees payable to the Board depend on which fingerprint process you select. (Fingerprint instructions are enclosed.)

Method 1**“LIVE SCAN” APPLICATION PROCESS****Application for Licensure by EXAMINATION ONLY**

Application **\$ 75.00**

TOTAL FEE payable to: BOARD OF REGISTERED NURSING: \$ 75.00

OR**Method 2****“FINGERPRINT CARD (Hard Card)” APPLICATION PROCESS****Application for Licensure by EXAMINATION ONLY**

Application **\$ 75.00**

One Fingerprint Card **\$ 32.00**

TOTAL FEE payable to: BOARD OF REGISTERED NURSING: \$107.00

Examination Application (8-Year Retake) Requirements Checklist

Applicants must provide the following:

- ☐ Appropriate **Fees**.
- ☐ Completed **Application for Licensure by Examination**.
- ☐ Completed fingerprints using either the **Live Scan Process** or the **Applicant Fingerprint Card (Hard Card)** processing method as directed in the INSTRUCTIONS FOR SUBMITTING FINGERPRINT CARDS. Submit the appropriate nonrefundable TOTAL FEE as directed on the attached Application Fee Schedule.
- ☐ One recent 2" x 2" passport-type **photograph**.
- ☐ Completed **confirmation card** to confirm receipt of application by the Board.
(OPTION NOT AVAILABLE FOR APPLICATIONS OBTAINED VIA THE BOARD WEB SITE.)
- ☐ Completed **Request for Accommodation of Disabilities** form(s), if applicable. Click on the Accommodation of Disabilities link on this web site for instructions and forms.
- ☐ **If applicable, documents and/or letters explaining prior convictions or disciplinary action and attesting to your rehabilitation as directed in Section II of the General Information and Instructions.**

Board Address & Web Site

Mailing Address: Board of Registered Nursing
P.O. Box 944210
Sacramento, CA 94244-2100

Street Address for overnight or in-person delivery:
Board of Registered Nursing
400 R Street, Suite 4030
Sacramento, CA 95814-6239

Web Site: **www.rn.ca.gov**

The Nursing Practice Act (NPA) is available on the Board's web site.

Many licensing questions are answered on the web site. Due to the heavy volume of telephone calls to the Board, we encourage use of the web site to avoid busy signals or long waits.

CALIFORNIA BOARD OF REGISTERED NURSING

APPLICATION FOR EXAMINATION

8-YEAR RETAKE

General Information and Instructions

INTRODUCTION

If eight years have passed following the expiration date of a license, a licensee shall be required to pass the National Council Licensure Examination (NCLEX-RN) to determine current clinical knowledge and fitness to resume the practice of professional nursing.

The NCLEX-RN is administered by Computerized Adaptive Testing (CAT) and is designed to test knowledge, skills and abilities essential to the safe and effective practice of nursing at the entry level. With CAT, there is continuous, year-round testing, allowing eligible candidates to schedule their own examination on a date and at the location of their choice. Examination applicants should submit their application to the Board at least four (4) months prior to when they wish to take the examination to allow time for processing and receipt of all required documents. Note: Application processing times vary depending on workload volumes received.

The Board will evaluate your application and, if found eligible, you will be provided an NCLEX-RN Examination Candidate Bulletin with important and detailed instructions regarding the registration process with the NCLEX testing service.

PLEASE NOTE: All NCLEX examination registrations with the NCLEX testing service will remain effective for a 365-day time period. Candidates who are not made eligible by our Board within the 365-day time period will forfeit their registration and fee with the NCLEX testing service. The Board encourages candidates to wait until they are made Board eligible before registering with the NCLEX testing service.

PLEASE NOTE THE FOLLOWING IMPORTANT ISSUES:

- Processing times may vary, depending on when the Board receives documents from schools, agencies, and other states or countries. The time to process an application indicating a prior conviction(s) may take longer than other applications. Delays may also occur with the fingerprint processing by the Department of Justice.
- If you change your name and/or address after submitting an application for licensure, you must notify the Board immediately in order to receive current information. Applicants are required to submit legal documentation of a name change to the Board. Examples of acceptable forms of legal documentation are birth certificate, marriage certificate, divorce decree and/or court documents. A copy of a driver's license, social security card or passport is not acceptable.
- PLEASE NOTE: Your name must match EXACTLY as it appears on your photo identification that you will present at the test center. The same name must also be provided to the NCLEX test service at the time you register in order to prevent delays with issuing your Authorization to Test.
- Pending application files are not public record, therefore an applicant must sign and submit a release of information before the Board will release information to the public (employers, relatives, or other third parties).
- Your address of record must be disclosed to the public upon request, under California law.
- Applicant fees are earned; therefore, fees are not refundable even if an applicant is found ineligible.

REPORTING PRIOR CONVICTIONS OR DISCIPLINE AGAINST LICENSES

Applicants are required under law to report all misdemeanor and felony convictions. "Driving under the influence" convictions must be reported. Convictions must be reported even if they have been expunged under Penal Code 1203.4 or even if a court ordered diversion program has been completed under the Penal Code or under Article 5 of the Vehicle Code. Also, all disciplinary action against an applicant's registered nurse, practical nurse, vocational nurse or other professional license must be reported.

Failure to report prior convictions or disciplinary action is considered falsification of application and is grounds for denial of licensure or revocation of license.

When reporting prior convictions or disciplinary action, **applicants are required to provide a full written explanation of:** circumstances surrounding the arrest(s), conviction(s), and/or disciplinary action(s); the date of incident(s), conviction(s) or disciplinary action(s); specific violation(s) (cite section of law if convicted), court location or jurisdiction, sanctions or penalties imposed and completion dates. **Certified** copies of court documents or state board determinations/decisions should also be included.

Note: A certified copy of the arrest report may also be requested. Applicants must also submit a description of the rehabilitative changes in their life, which would enable them to avoid future occurrences.

To make a determination in these cases, the Board considers the nature and severity of the offense, additional subsequent acts, recency of acts or crimes, compliance with court sanctions, and evidence of rehabilitation.

The burden of proof lies with the applicant to demonstrate acceptable documented evidence of rehabilitation. Examples of rehabilitation evidence include, but are not be limited to:

- Recent, dated letter from applicant describing rehabilitative efforts or changes in life to prevent future problems.
- Letters of reference on official letterhead from employers, nursing instructors, health professionals, professional counselors, parole or probation officers, or other individuals in positions of authority who are knowledgeable about your rehabilitation efforts.
- Letters from recognized recovery programs and/or counselors attesting to current sobriety and length of time of sobriety, if there is a history of alcohol or drug abuse.
- Proof of community work, schooling, self-improvement efforts.
- Court-issued certificate of rehabilitation or evidence of expungement, proof of compliance with criminal probation or parole, and orders of the court.

The individual(s) or agency that is providing information about the applicant should mail all of the above items directly to the Board of Registered Nursing, Licensing Unit, P.O. Box 944210, Sacramento, CA 94244-2100.

It is the responsibility of the applicant to provide sufficient rehabilitation evidence on a timely basis so that a licensing determination can be made. All evidence of rehabilitation must be submitted prior to being found eligible for an examination.

An applicant is also required to immediately report, in writing, to the Board any conviction(s) or disciplinary action(s) which occur between the date the application was filed and the date that a California registered nursing license is issued. Failure to report this information is grounds for denial of licensure or revocation of license.

NOTE: The application must be completed and signed by the applicant under the penalty of perjury.

SOCIAL SECURITY NUMBER

Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c)(2)(C)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination where licensure is reciprocal with the requesting state. **If you fail to list your social security number, your application for initial or renewal license will not be processed.** You will also be reported to the Franchise Tax Board, which may assess a \$100 penalty against you. Questions regarding the Franchise Tax Board should be directed to (800) 852-5711.

INSTRUCTIONS FOR SUBMITTING A FINGERPRINT CARD OR LIVE SCAN PROCESS

All applicants for licensure by examination are required to complete and submit one set of fingerprints. All requests from the Board of Registered Nursing for background checks of applicants must be submitted to the Department of Justice (DOJ) either by Live Scan or on an Applicant Fingerprint Card (Hard Card). The Applicant Fingerprint Card (Hard Card) or Request for Live Scan Service Applicant Submission form (BCII 8016) must be submitted in the **same name** as shown on your application for licensure.

There are **two (2) methods available** for completing the fingerprint requirement:

Method 1 -- Live Scan Process

For applicants residing in or near California, the Board of Registered Nursing recommends you use Live Scan to submit your fingerprints in order to shorten the time for your fingerprint process. Applicants must complete and submit the Request for Live Scan Service Applicant Submission form (BCII 8016) at a Live Scan site. Simply complete the attached triplicate form for Live Scan service or download 3 copies from our web page, complete the sections marked with a red X, and take it to a Live Scan site along with your fee for processing.

Processing Fee for Live Scan Service:

The fee for the Live Scan service varies, so please contact the Live Scan site directly to obtain the correct information. To see a listing of the California Department of Justice (DOJ) applicant Live Scan agency locations, fees and hours of operation, go to www.ag.ca.gov/fingerprints/publications/contact.pdf.

When using the Live Scan process, the fingerprint processing fee must be paid at the Live Scan site. **Do not send your fingerprint processing fee to the Board.** Please be aware that these processing fees are in addition to the "rolling" fee charged by the Live Scan operator.

Once your fingerprints have been scanned and you have completed the sections marked with a red X, the Live Scan operator will complete this triplicate form or the downloaded copies and return the second and third copies to you. **The second copy of this form must be submitted to the Board with your application as proof of complying with the Fingerprint requirement in order for the Board to process your application.** You may retain the third copy for your records.

Using Live Scan can expedite the licensing process. On average, Live Scan results take 1-2 weeks, while manual fingerprint cards can take 1-2 months. (Processing times at DOJ vary.)

INSTRUCTIONS FOR SUBMITTING A FINGERPRINT CARD OR LIVE SCAN PROCESS - (continued)

Method 2 -- Applicant Fingerprint Card (Hard Card)

Applicants must complete all items that are marked by a black "X" on the card. To facilitate prompt and accurate processing of the fingerprint card by the DOJ, type or print legibly in BLACK INK all requested information on the card. If any color other than black is used, the card will be rejected and another card will have to be completed and submitted.

Use the abbreviations listed below for the physical description items:

- **Height (HGT)** - Express in feet and inches. Do not use fractions of an inch; round off to the nearest inch. DO NOT USE THE METRIC SYSTEM. Correct example: 5' 9".
- **Weight (WGT)** - Express in pounds. Do not use fractions of a pound; round off to the nearest pound. DO NOT USE THE METRIC SYSTEM. Correct example: 139 lbs.
- **Color of EYES** -

Black	BLK	Gray	GRY
Blue	BLU	Green	GRN
Brown	BRN	Hazel	HZL
- **Color of HAIR** -

Bald	BAL	Gray	GRY
Black	BLK	Red/ Auburn	RED
Blonde	BLN	Sandy	SDY
Brown	BRN	White	WHI

Each applicant MUST have his/her fingerprints imprinted only in BLACK INK on each fingerprint card. Fingerprints should be taken at a local law enforcement agency. There may be a fee for this service. We advise that you should call first as to a convenient time.

DO NOT FOLD FINGERPRINT CARD. Use a 9" X 12" envelope to return your completed application and fingerprint card with fees. Write "DO NOT FOLD" on the envelope. If your card is folded, you will need to complete and submit a new fingerprint card. THIS WILL CAUSE A DELAY IN DETERMINING YOUR ELIGIBILITY FOR EXAMINATION OR LICENSURE.

Fingerprint Processing Fee for Applicant Fingerprint Card (Hard Card):

The fingerprint processing fee is in addition to the application fee. This fee is not refundable and is subject to change by the DOJ without notice.

The appropriate fingerprint processing fee is payable to the Board of Registered Nursing by check or money order in U.S. currency. The application fee and fingerprint fee may be combined and submitted to the Board with one check or money order in U.S. currency. (See Licensure by Examination fee schedule.)

CANDIDATES WITH DISABILITIES – REQUEST FOR ACCOMMODATIONS

The California Fair Employment and Housing Act¹ ("FEHA") grants qualified individuals with disabilities who participate in the examination process protection from unlawful discrimination.

More specifically, the FEHA protects individuals with physical or mental disabilities, cosmetic disfigurement or anatomical loss or individuals regarded as or with a record of any disability who is able to perform the essential functions in an examination setting for the NCLEX-RN with or without an accommodation. A disability is a limitation of a major life activity that makes achievement difficult, requires special education or services, or affects social activities or interactions. Impairments that are not disabilities are sexual behavior disorders, compulsive gambling, kleptomania, pyromania, substance abuse disorders resulting from current and unlawful use of controlled substance.

CANDIDATES WITH DISABILITIES – REQUEST FOR ACCOMMODATIONS - (continued)

While the board is not required to allow an accommodation that fundamentally alters the nature of the examination, the board will grant any reasonable accommodation and engage in an interactive process with each applicant who requests an accommodation to ensure that individuals with disabilities are able to meaningfully participate in the examination process.

The board will make any reasonable modifications to its policies, practices, and procedures to accommodate an individual with a disability.

The board is not able to provide reasonable accommodations to individuals unless the board is made aware of the individual's need. An applicant who needs an accommodation to be able to participate in the examination, must advise the board at the time of application for the examination. This notification should include sufficient documentation to enable the board to determine whether or not the requested accommodation is reasonable and will not fundamentally alter the nature of the examination.

The board is prohibited by law from requiring an individual with a disability to accept an accommodation if the individual chooses not to accept it.

If you have a disability that may require accommodations of the examination process or access to the examination center, you must submit with your application the following **REQUIRED** information:

1. A **Request For Accommodation Of Disabilities** form completed and signed by the applicant. ***This form is available under the Accommodation of Disabilities link on this web site.***
2. A **Professional Evaluation And Documentation Of A Disability** form completed and signed by a professional evaluator or equivalent information on original letterhead stationery of the evaluator. ***This form is available under the Accommodation of Disabilities link on this web site.***
3. If applicable, a **Nursing Program Verification** form indicating what accommodation(s) were granted in testing procedures during the nursing program. This form should be completed and signed by the nursing program Dean or Director or their designee or equivalent information on original letterhead stationery of the nursing program. ***This form is available under the Accommodation of Disabilities link on this web site.***

The required information must be completed and submitted with your application or your examination could be delayed. If you have any questions, you may contact the Testing Coordinator by writing to the Board address, Attn: Testing Coordinator, or by calling (916) 322-3350.

Any examination accommodations, including aids brought into the testing center must have **pre-approval** of the Board.

¹The California Fair Employment and Housing Act as amended by AB2222, Government Code section 12900 et seq. effective January 1, 2001, grants applicants participating in a licensure examination more protection from unlawful discrimination than the federal Americans With Disabilities Act.

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APPLICATION FOR LICENSURE BY EXAMINATION 8-YEAR RETAKE

For Office Use Only

READ ALL DETAILED INSTRUCTIONS

1. Submit the APPROPRIATE FEE. (See attached fee schedule.)
Please submit a check or money order in U.S. CURRENCY only. DO NOT SEND CASH.
2. Attach a recent 2" x 2" passport type photograph where indicated on page 2 of this application.
3. Submit one (1) completed fingerprint card or Live Scan Service Applicant Submission form.

FP Cards Recd: 0 1 Live Scan Form: _____ By _____
 FP Fee Recd: Y N By _____
 Photo Recd: _____ Approved _____ By _____
 School Code: CA: _____ By _____

PRINT OR TYPE

LAST NAME:		FIRST NAME:		MIDDLE NAME:	
ADDRESS: Number and Street					DATE OF BIRTH: (Month/Day/Year)
City	State	Country	Postal/Zip Code	SOCIAL SECURITY NUMBER:**	
TELEPHONE NUMBER: Home Alternate	PREVIOUS NAMES: (Including Maiden)			MOTHER'S MAIDEN NAME: (Last Name Only)	
E-MAIL ADDRESS:				<input type="checkbox"/> SPECIAL TESTING ACCOMMODATION IS REQUESTED If checked, attach appropriate documentation	
COLOR OF EYES:	HEIGHT: FT: IN:	PRIMARY LANGUAGE:	YEAR GRADUATED HIGH SCHOOL OR PASSED GED:		
ORIGINAL CALIFORNIA RN LICENSE NO: (If available)		NAME AT TIME OF ORIGINAL CALIFORNIA RN LICENSE NO: (If known)		YEARS OF CALIFORNIA LICENSURE: (If available)	
				From:	To:

PROFESSIONAL EDUCATION

NAME AND ADDRESS OF PROFESSIONAL REGISTERED NURSING SCHOOL:				TYPE OF PROGRAM:	
Name of Nursing School _____				<input type="checkbox"/> ASSOCIATE DEGREE <input type="checkbox"/> DIPLOMA <input type="checkbox"/> BACCALAUREATE DEGREE <input type="checkbox"/> MASTERS DEGREE/NURSING	
Number and Street _____				Entrance Date _____	
City _____	State _____	Country _____	Postal/Zip Code _____	Graduation Date _____	

**** SOCIAL SECURITY NUMBER DISCLOSURE STATEMENT**

Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA (c)(2)(C)) authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial or renewal license will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

NAME OF APPLICANT: _____

Have you ever applied for or taken an RN examination in another state/territory? If yes, State/Territory _____ Month _____ Year _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been denied an RN or any other health-care related license in any state/territory? If yes, State/Territory _____ Month _____ Year _____ Type of License _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever had disciplinary proceedings against any license as a RN or any health-care related license including revocation, suspension, probation, voluntary surrender, or any other proceeding in any state or country? If yes, please provide a detailed written explanation, including the date and state or country where the discipline occurred.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been convicted of any offense other than minor traffic violations? If yes, explain fully as described in the applicant instructions. Convictions must be reported even if they have been expunged under Penal Code Section 1203.4 or if a diversion program has been completed under the Penal Code or Article 5 of the Vehicle Code. Traffic violations involving driving under the influence, injury to persons or providing false information must be reported. The definition of conviction includes convictions of following a plea of nolo contendere (no contest), as well as pleas or verdicts of guilty. <u>YOU MUST INCLUDE MISDEMEANOR AS WELL AS FELONY CONVICTIONS.</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO

I understand that I am required to report immediately to the California Board of Registered Nursing if I am convicted of **ANY** offense that occurs between the date of this application and the date that a California registered nurse license is issued. I am also required to report to the California Board of Registered Nursing any disciplinary action and/or voluntary surrender against **ANY** health-care related license/certificate that occurs between the date of this application and the date that a California registered nurse license is issued. I understand that failure to do so may result in denial of this application or subsequent disciplinary action against my license/certificate.

I certify, under penalty of perjury under the laws of the State of California, that all information provided in connection with this application for licensure is true, correct and complete. Providing false information or omitting required information is grounds for denial of licensure or license revocation in California.

SIGNATURE OF APPLICANT

DATE

Attach a recent 2"x2" passport type photograph. Please tape on all four sides. Head and shoulders only
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NCLEX-RN REVIEW RESOURCES

This list of resources is being provided as a service to the applicants and is for informational purposes only. This list may not represent all the reference materials (books, tapes, workshops, etc.) available. These review resources are neither approved nor disapproved by the Board of Registered Nursing. For specific information, please contact the review providers directly.

Provider:	California School of Health Sciences	Phone:	(714) 539-7081
Address:	9778 W Katella Avenue, Suite 209 Anaheim, CA 92804	Fax:	(714) 539-3982
		Website:	www.hprovider.com
Provider:	Drexel University	Phone:	(800) 666-PREP
Address:	MS 1002 245 N 15 th Street PO Box 5692 Philadelphia, PA 19102	Fax:	(215) 762-8171
		Website:	passnclex.drexel.edu/
Provider:	Dynasty School	Phone:	(800) 888-8827
Address:	2373 South Hacienda Boulevard Hacienda Heights, CA 91745	Website:	www.dynastyschool.com/
Provider:	Educational Resources, Inc.	Phone:	(800) 292-2273 or (913) 362-4600
Address:	8910 West 62nd Terrace PO Box 29160 Shawnee Mission, KS 66201	Fax:	(913) 362-4627
		Website:	www.eriworld.com/
Provider:	Elsevier	Phone:	(800) 325-4177
Address:	11830 Westline Industrial Drive St. Louis, MO 63146	Website:	www.elsevierhealth.com/
Provider:	F.A. Davis Company	Phone:	(800) 323-3555
Address:	Davis' NCLEX /RN Success Book 1915 Arch Street Pennsylvannia, PA 19103	Website:	www.fadavis.com/
Provider:	Kaplan, Inc.	Phone:	(212) 492-5800
Address:	888 7th Avenue New York, NY 10106	Website:	www.kaplan.com/
Provider:	Lippincott Williams & Wilkins	Phone:	(800) 638-3030 or (301) 223-2300
Address:	PO Box 1600 Hagerstown, MD 21741	Fax:	(301) 223-2320
		Website:	www.lww.com/
Provider:	MEDS Publishing	Phone:	(800) 200-9191 or (301) 476-9666
Address:	4000 Blackburn Lane, Suite 260 Burtonsville, MD 20866	Fax:	(301) 476-9677
		Website:	www.medspub.com/
Provider:	National Council's Learning Extension	Phone:	(312) 525-3749
Address:	NCSBN Attn: National Council's Learning Extension 111 E. Wacker Drive, Suite 2900 Chicago, IL 60601	Fax:	(312) 279-1032
		Website:	www.learningext.com
Provider:	National NCLEX® Solutions & MYTEC™ Education & Consulting Services	Phone:	(909) 594-9036 (888) 292-4617
Address:	19720 E. Walnut Drive South, Suite 202 Walnut, CA 91789	Fax:	(909) 594-9527

NCLEX-RN REVIEW RESOURCES (Cont.)

Provider: Address:	National Nursing Review 342 State Street, Suite 6 Los Altos, CA 94022	Phone: Fax: Website:	(650) 941-5784 (650) 941-4354 www.nationalnursingreview.com
Provider: Address:	NCLEX-PASS CPS – J.B. Cochran, RN, MS, PhD 3005 West Magnolia Boulevard Burbank, CA 91505	Phone: Fax: Website:	(818) 563-1935 (818) 563-1895 www.nclex-pass.com/
Provider: Address:	Nursing Review with Sally Lagerquist, RN, MS NOW ON DVD/CD-ROM PO Box 16115 San Francisco, CA 94116	Phone: Website:	(800) 345-PASS www.reviewfornurses.com/
Provider: Address:	Practice Management Information Corporation 4727 Wilshire Boulevard #300 Los Angeles, CA 90010	Phone: Fax: Website:	(800) MED-SHOP or (800) 633-4215 (800) 633-6556 www.pmiconline.site.yahoo.net/
Provider: Address:	Professional Development System School of Health Sciences 5555 Stearns Street, Suite 207 Long Beach, CA 90815	Phone: Fax: Website:	(800) 570-8660 or (714) 220-0752 (714) 220-9726 www.emt2rn.com/
Provider: Address:	Royal Career Training Center 3670 Wilshire Blvd, Suite 250 Los Angeles, CA 90010	Phone: Fax:	(213) 487-2211 (213) 487-2299
Provider: Address:	Southcal Educational Institute 9550 Flair Dr. Suite 306 El Monte, CA 91731	Phone: Fax:	(626) 575-8580 (626) 575-8511
Provider: Address:	Sylvia Rayfield & Associates, Inc. PO Box 4409 Gulf Shores, AL 36547	Phone: Website:	(800) 234-0575 www.sylviarayfield.com/
Provider: Address:	Welcome Back Initiative NCLEX Review Course (In Class, NOT home study or online) Length of course varies California Residents Only Please For eligibility and enrollment please call	Phone: Website:	(866) 372-9707 Los Angeles area www.e-welcomeback.org/